

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE
BURGLAR ALARM COMPANY

DOPL-AP-070 REV 09/11/2002

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the Internet. You may choose to use a business address or a post office box for your address of record rather than a home address.

Social Security Number: The qualifying agent's social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

SUPPORTING DOCUMENTS AND FEES:

1. Submit the original letter from Experior verifying that the qualifying agent has passed the Utah Burglar Alarm Law and Rules Examination.
2. Submit the original letter from Experior verifying that the qualifying agent has passed the Burglar Alarm Qualifier Examination.
3. Submit two (2) blue applicant fingerprint cards (Form FD-258) for the qualifying agent and each officer, director, partner, proprietor, and responsible management personnel employed within the state or having direct responsibility for managing operations of the

applicant within the state and shareholders owning more than 5% of the stock unless the company is publicly listed and traded, to be used by the Division for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI).

4. Submit a resume describing in detail the qualifying agent's 6,000 hours of experience in the alarm company business and in addition the qualifying agents 2,000 hours of experience as a manager or administrator in the burglar alarm or construction business. Include information naming the burglar alarm company(s) the qualifying agent worked for and the positions the qualifying agent held with each burglar alarm company. Describe in detail the supervisory or administrative responsibilities held in each position.
5. Submit a copy of the driver's license or Utah identification card clearly indicating the driver's license number or Utah ID number for the qualifying agent and each officer, director, shareholder owning more than 5% of the stock, partner, proprietor, and responsible management personnel.
6. Submit a current "Certificate of Insurance" demonstrating comprehensive general liability coverage issued by the company's insurance carrier showing coverage of at least \$300,000 for each incident and \$1,000,000 in total.

NOTE: It is the responsibility of the applicant to ensure that the applicant's insurance coverage remains current and to update the Division each time the applicant's insurance coverage is renewed.

7. Submit documentation of workers' compensation insurance that covers employees in accordance with applicable Utah law.
8. Submit documentation of registration with the Utah Division of Corporations and Commercial Code.
9. Submit documentation of registration with the Utah Department of Workforce Services, Utah State Tax Commission, and the Internal Revenue Service.
10. Submit a "Request for Verification of Qualifying Experience" form (attached to this application) documenting that the qualifying agent has not less than a total of 6,000 hours of experience in the alarm business of which at least 2,000 hours has been in a management, supervisory, or administrative position in an alarm company or a construction company.
11. Submit a "Request for Verification of License" form (attached to this application) from each and every state in which the applicant has ever been licensed as a burglar alarm company.
12. Submit a \$300.00 non-refundable application processing fee for the company license.

13. Submit a \$15.00 non-refundable surcharge for a BCI fingerprint file search for the qualifying agent and each officer, director, shareholder owning more than 5% of the stock, partner, proprietor, and responsible management personnel.
14. Submit a \$24.00 non-refundable surcharge for an FBI fingerprint file search for the qualifying agent and each officer, director, shareholder owning more than 5% of the stock, partner, proprietor, and responsible management personnel.
15. Complete the Financial Responsibility Section of the “Burglar Alarm Company Qualifying Questionnaire.”

NOTE: If the qualifying agent, and each officer, director, shareholder owning more than 5% of the stock, partner, proprietor, and responsible management personnel are currently licensed, in good standing, as an Alarm Company Agent in Utah, the requirements in #12 and #13 above are unnecessary; however, you must note their current license numbers with their information.

ADDITIONAL IMPORTANT INFORMATION:

1. **Examinations:** The applicant’s qualifying agent must pass the Utah Burglar Alarm Security Law and Rules Examination and the Burglar Alarm Qualifier Examination. Contact Experior at the address and telephone number below to register for the examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009

A study guide, which has been prepared to assist candidates taking law exams, may also be purchased from Experior.

In addition, the following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Utah Construction Trades Licensing Act
- ☐ Burglar Alarm Security and Licensing Act Rules

2. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
3. **License Renewal:** All licenses expire every July 31st of every even-numbered year.

Unlike many other states, Utah’s license renewal schedule **is not** based on the licensee’s date of initial licensure. Under Utah’s renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee’s first renewal cycle depends on how far into the current renewal cycle initial licensure was

obtained. Each renewal cycle thereafter is for a full two years. Additionally, the fee paid with this application for licensure is an application processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately three months prior to the expiration date shown on the license .

4. **Fingerprint Information:** All applicants are now required to include two (2) applicant fingerprint cards with their application. Applicant fingerprint cards are supplied with the application if you obtain the application from the Division or from Experior. If you have downloaded the application from the Internet, you may obtain fingerprint cards from the Division or from the Bureau of Criminal Identification at 3888 West 5400 South, Taylorsville, Utah.

Note: The Division will not roll your fingerprints. To have your fingerprints rolled on the applicant card, you must go to the Bureau of Criminal Identification or your local police station. There is a fee charged for this service. The Bureau of Criminal Identification will guarantee the fingerprints they roll. We strongly recommend that you go directly to the Bureau to roll your fingerprints and then include the complete fingerprint cards with your application. Fingerprint cards that are not complete and/or do not have adequate fingerprints will be rejected leading to a delay in the licensure process.

5. **Review of your BCI Record:** You have the right to review your FBI record and to complete, or challenge the accuracy of, the information contained in that record. If you wish to review your FBI record, contact the FBI field office that serves your area for instruction on the procedure and any applicable fees. All residents of Utah should direct their inquiries to the Salt Lake Field Office, 257 East 200 South, Suite 1200, Salt Lake City, Utah 84111. Telephone (801) 579-1400
6. **Application Processing:** The Division requires approximately two weeks to process a complete application for licensure. In addition, an FBI file search takes approximately 12 weeks. An applicant may not begin working in the Burglar Alarm business until the application has been approved.
7. **Updating Address Information:** It is a licensee's responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
8. **Current Documents:** Applications, statutes and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
9. **Payments:** Make licensure fees payable to "DOPL."

10. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

11. **Telephone Numbers:** (801) 530-6628
(801) 530-6208
(801) 530-6634
(801) 530-6964

(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675

12. **Fax Number:** (801) 530-6511

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APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

The business legal name is the name which will appear on the license. This is normally the name registered with the Utah Division of Corporations. If there is a fictitious business name (doing business as), list that name also, e.g., XYZ Corporation dba XYZ Burglar Alarm Company. If the applicant is not required to be registered with the Division of Corporations, it is the name of the burglar alarm company or facility where the licensed activity is to be conducted.

APPLICATION FOR: BURGLAR ALARM COMPANY

BUSINESS LEGAL NAME: _____

FEDERAL TAX ID NUMBER: _____

PUBLIC MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

CONTACT PERSON FOR LICENSING PURPOSES:

Full Name and Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

QUALIFYING AGENT:

Full Name and Title: _____

Social Security Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Relationship of Qualifying Agent to Burglar Alarm Company: (Check all that apply.)

_____ Officer _____ Director _____ Partner

_____ Proprietor _____ Manager

EXAMINATION REQUIREMENT:

Answer “yes” or “no.”

_____ The Utah Burglar Alarm Law and Rules Exam, Date(s) Taken: _____

_____ Burglar Alarm Qualifier Examination, Date(s) Taken: _____

QUALIFYING EXPERIENCE REQUIREMENT:

Submit a resume describing in detail the qualifying agent’s 6,000 hours of experience in the alarm company business and in addition the qualifying agents 2,000 hours of experience as a manager or administrator in the burglar alarm or construction business. Include information naming the burglar alarm or construction company(s) the qualifying agent worked for and the positions the qualifying agent held with each burglar alarm company. Describe in detail the supervisory or administrative responsibilities held in each position.

ACT AND RULES CERTIFICATION:

I hereby certify that all officers, directors, shareholders, partners, proprietors, and responsible management personnel of the applicant have read and understand the Utah Construction Trades Licensing Act and the Burglar Alarm Security and Licensing Act Rules.

Signature of Qualifying Agent or Other Responsible Party: _____

IDENTIFYING INFORMATION FOR BUSINESS ENTITY:

Supply the identifying information below for all corporate officers, directors, registered agents, and shareholders of a corporation (not required if publicly traded); all partners of a partnership; the sole proprietor of a sole proprietorship; all persons who have an ownership or management responsibility for a limited liability company or other type of business form. Ownership must total 100%. Use additional sheets if necessary.

Full Name: _____

Social Security Number: _____ Date of Birth: _____

Position Title: _____ Percent Owned: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Full Name: _____

Social Security Number: _____ Date of Birth: _____

Position Title: _____ Percent Owned: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Full Name: _____

Social Security Number: _____ Date of Birth: _____

Position Title: _____ Percent Owned: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

PUBLIC LIABILITY INSURANCE:

Name of Carrier: _____

Named of Insured on the Certificate: _____

Address of Insured on the Certificate: _____

Amount of Coverage: Each Incident: _____ Total: _____

Expiration Date: _____

**UTAH DEPARTMENT OF WORKFORCE SERVICES - UNEMPLOYMENT
INSURANCE:**

Name Under Which the Applicant is Registered: _____

Department of Employment Security Registered Number: _____

WORKERS' COMPENSATION INSURANCE:

Name of Carrier: _____

Named of Insured on the Certificate: _____

Address of Insured on the Certificate: _____

Expiration Date: _____

UTAH STATE TAX COMMISSION:

Name Under Which the Applicant is Registered: _____

Employer Payroll Tax Withholding Identification Number: _____

INTERNAL REVENUE SERVICE (IRS):

Name Under Which the Applicant is Registered: _____

Federal Employer Identification Number: _____

AFFIDAVIT CLAIMING NO EMPLOYEES:

Applicant's Business Legal Name:

I declare under penalty of perjury as follows:

I am authorized to sign this Affidavit on behalf of the above named applicant. The applicant does not at the present time hire employees and does not intend to do so within the foreseeable future. If the applicant later wishes to begin hiring employees, the applicant will first register with each of the payroll tax authorities as listed above and obtain workers' compensation insurance and provide evidence of each registration and a certificate of workers' compensation insurance to the Division. The applicant is being granted an exemption to the requirements of Utah Code Ann. Section 58-65-302(1)(k) based upon this affidavit and agreement. The applicant's failure to fulfill the above requirements will be considered unprofessional conduct and may be the basis for disciplinary action which could include a warning, reprimand, probation, suspension, or revocation of the applicant's license. This affidavit is considered a public document and may be released to any party including payroll tax authorities.

Signature of Applicant or Applicant's Representative: _____

Date of Signature: _____

FINANCIAL RESPONSIBILITY:

All applicants must demonstrate financial responsibility before a license can be issued, and financial responsibility must be maintained as long as a license is active.*

Please answer “**yes**” or “**no**” to the following. Do not leave any question blank.

1. _____ On the applicant’s balance sheet, do total assets exceed total liabilities?
2. _____ Does the applicant maintain sufficient cash reserves to pay all obligations as they come due?
3. _____ Does net income/loss for the current and prior years indicate ongoing profitability? (Answer “n/a” if applicant is just starting business.)
4. _____ Have all required state and federal income taxes, payroll withholdings, unemployment, workers’ compensation, and liability insurance premiums been paid? (Answer “n/a” if this question is not applicable.)
5. _____ If the applicant has had any judgments entered against it, in any jurisdiction, are those judgments current or otherwise satisfied? (If there are no judgements, answer “n/a.”)

If you answered “**no**” to any of the above financial responsibility questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. A “no” answer does not necessarily mean the applicant will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

* If a license is issued and later chosen for audit, the licensee will need to provide, to the Division copies of the financial information the above answers are based upon. Keep a copy of your balance sheet, profit and loss statements, tax returns, etc. for at least two years.

BURGLAR ALARM COMPANY QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been denied the right to sit for a licensure examination?
3. _____ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. _____ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been permitted to resign or surrender any license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against him/her by any profession licensing agency or criminal or administrative jurisdiction?
5. _____ Is any officer, director, shareholder, partner, proprietor, or responsible management personnel currently under investigation or is any disciplinary action pending against any now by any licensing agency?
6. _____ Is any action pending against any officer, director, shareholder, partner, proprietor, or responsible management personnel now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. _____ If you are licensed in the occupation/profession for which you are applying, would any officer, director, shareholder, partner, proprietor, or responsible management personnel pose a direct threat to himself/herself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. _____ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?

(Questions continue on following page.)

9. _____ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been terminated from a position because of drug use or abuse?
10. _____ Is any officer, director, shareholder, partner, proprietor, or responsible management personnel currently using or has any recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
11. _____ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which he/she has not successfully completed or is not now participating in a supervised drug rehabilitation program, or for which he/she has not otherwise been successfully rehabilitated?
12. _____ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
13. _____ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been arrested for or charged with a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
14. _____ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been arrested for or charged with a felony in any jurisdiction?
15. _____ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
16. _____ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?

(Questions continue on following page.)

17. _____ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been allowed to make a plea in abeyance for any criminal charge for which the charge was later dismissed?
18. _____ Has any officer, director, shareholder, partner, proprietor, or responsible management personnel ever been incarcerated for any reason in any federal, state, or county correctional facility or in any correctional facility in any other jurisdiction?

If you answered “yes” to questions 13, 14, 15, 16, 17, or 18 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

Note: “Responsible management personnel” includes all personnel employed within Utah or having direct responsibility for managing operations of the alarm company.

“Shareholder” includes all shareholders owning 5% or more of the outstanding shares of the corporation, except if the stock is publicly listed and traded.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

REQUEST FOR VERIFICATION OF QUALIFYING EXPERIENCE

PART I - TO BE COMPLETED BY THE APPLICANT: Complete Part I and submit a copy of the entire document to each Burglar Alarm Company where you received qualifying experience.

Applicant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

1. Burglar Alarm Company Name: _____

Phone: _____ Dates of Employment: from _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Number of hours as manager, supervisor, or administrator: _____

2. Burglar Alarm Company Name: _____

Phone: _____ Dates of Employment: from _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Number of hours as manager, supervisor, or administrator: _____

3. Burglar Alarm Company Name: _____

Phone: _____ Dates of Employment: from _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Number of hours as manager, supervisor, or administrator: _____

Applicant Signature: _____ Date: _____

PART II - TO BE COMPLETED BY AN OFFICIAL REPRESENTATIVE OF THE BURGLAR ALARM COMPANY:

Please review Part I of this form and furnish the information requested below. Sign the document, place the completed form in a sealed envelope, and provide it to the applicant in person or by mail.

Burglar Alarm Company Name: _____

Answer “yes” or “no.”

_____ Do you agree with the information listed on the reverse side of this page from the applicant?

_____ Would you re-hire the applicant?

_____ Would you recommend that this applicant be approved as a Qualifying Agent? If “No,” please indicate reason(s): _____

What position did the applicant have with your company? (Please check all that apply.)

_____ Officer _____ Partner _____ Manager

_____ Director _____ Proprietor _____ Other, specify: _____

GENERAL WORK HISTORY:

_____ Outstanding _____ Exceeded Requirements _____ Met Requirements

_____ Needed Improvement _____ Unsatisfactory

I have reviewed ALL the information on this document and attest that to the best of my knowledge the information concerning the burglar alarm security company I represent is accurate and truthful.

Burglar Alarm Company Representative Name: _____

Title: _____

License Number: _____ State of Licensure: _____

Burglar Alarm Company Representative Signature: _____

Date: _____

Utah Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: (801) 530-6511

REQUEST FOR VERIFICATION OF LICENSE

TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to every state in which the applicant has ever been licensed as a burglar alarm company. Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application.

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the state of Utah as a _____

I am/have been licensed in your state under the name _____

My social security number is _____

My date of birth is _____

My license number in your state is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and place the completed form in a sealed envelope. Provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Classification of License: _____

License Number: _____

Current Status: _____

Original Date of Licensure: _____

Expiration Date: _____

Continuously Licensed:

_____ Yes

_____ No, please explain: _____

Licensed By:

_____ Exam, Type: _____ Date: _____

_____ Endorsement: from what state? _____

_____ Waiver, _____

Examination Scores: _____

Education Required for Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

_____ No

_____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____

Agency: _____

Date: _____

(SEAL)